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Bib Data Sheet

CONFIRMATION NO. 4850

<b>SERIAL NUMBER</b> 09/639,948	<b>FILING OR 371(c) DATE</b> 08/17/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3621	<b>ATTORNEY DOCKET NO.</b> STA-25
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## APPLICANTS

Ned Hoffman, Sebastopol, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/398,914 09/16/1999 PAT 7,613,659 which is a CIP of 09/244,784  
02/05/1999 PAT 6,012,039  
which is a CIP of 08/705,399 08/29/1996 PAT 5,870,723  
which is a CIP of 08/442,895 05/17/1995 PAT 5,613,012  
which is a CIP of 08/345,523 11/28/1994 PAT 5,615,277

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/29/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

84646

## TITLE

SYSTEM AND METHOD FOR TOKENLESS BIOMETRIC AUTHORIZATION OF ELECTRONIC  
COMMUNICATIONS

<b>FILING FEE RECEIVED</b> 1077	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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